

PEDICAB OWNER'S PERMIT APPLICANT CHECKLIST

Name _	Phone
	nt the following documents to the Santa Barbara Police Department before 3 p.m. Monday ph Friday.
	Pedicab Owner Application.
	Personal Information Sheet. Complete one for each person named on the application.
	Completed and signed Arrest History for each person named on the application.
	Signed Authorization to Release Information for each person named on the application.
	Two (2) color, passport-size photographs for each person named on the application.
	Certificate of Insurance for Comprehensive GENERAL Liability.
	Pedicab Owner's Indemnity Hold Harmless Agreement
	A Vehicle Inspection Report for each vehicle to be placed in service, signed by an approved Santa Barbara Police Department employee and the applicant, certifying that all items listed are in compliance with State and City codes. At this time a visual inspection will be made to approve the color, identification, lettering, and overall appearance of the vehicle.
	Proof of payment for business license and fingerprint service
	ABOVE ITEMS RECEIVED (DATE) BY



APPLICATION FORPEDICAB OWNER'S PERMIT

(Pursuant to Santa Barbara Municipal Code. Chapter 5.28)

Assigned Permit #
Finance Dept B/L

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Trade name to be used (do no use "Santa Barbara" as part of the name):
Full name of applicant(s):
Business address:
Business phone:
Rates to be charged (Please provide a copy of the rate card.)
Proposed number of vehicles to be operated as of date of application: (Provide a list of Vehicle Identification Numbers. List must agree with list required on page 2 of Financial Statement.)
Where will the vehicles be garaged:
Where are the administrative (office) facilities located:
Describe the color scheme and logo to be used (submit a color drawing or photograph):
Describe the type of service to be offered, including the proposed hours of operation:
Has the applicant or any person with an ownership interest ever had a permit denied, suspended or revoked? If yes, submit details on a separate sheet.
You must also submit a Personal Information Sheet, Arrest History, Authorization to Release Information, and two passport-size color photos for each individual named on this application. If the applicant is a corporation, a copy of the Articles of Incorporation and a list of all officers, directors and stockholders owning or controlling 10% or more of the stock, percentage of ownership, the name, address and phone number of the Agent for Service and a sworn, financial statement is required.
I certify under the penalty of perjury that this statement and any attachments is, to the best of my knowledge, true, correct and complete.
Applicant's Signature Date
Print Name and Title



APPLICATION FOR PEDICAB OWNER PERMIT PERSONAL INFORMATION

Assigned Permit #

Finance Dept B/L

(Pursuant to Santa Barbara Municipal Code, Chapter 5.28)

PERSONAL INFORMATION. Please complete the following:

Date of Application:			
Name:			
Other Names Used (list "also known	as" names):		
Residence Address (include street, o	ity, and zip code):		
Mailing Address, if different (include	e street, city, and zip code):		
Phone Number:		Social Security No:	
Are you a U.S. citizen?	Driver's License # and State		
Date of Birth:	Place of Birth:		
Color of Hair:	Color of Eyes:	Height:	Weight:
Length of time in Santa Barbara:		Length of time in Cal	ifornia:
Proposed Pedicab Company Nar	ne:		

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ounds for denial of this permit a	pplication.		
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AUTHORIZATION TO RELEASE INFORMATION TO THE

CITY OF SANTA BARBARA, POLICE DEPARTMENT

(Pursuant to Santa Barbara Municipal Code, Chapter 5.28)

As an applicant for a City permit within the City of Santa Barbara, I hereby authorize the release of any and all information that you may have concerning my work records education records, medical records, and information of a confidential or privileged nature to the City of Santa Barbara Police Department and its agents.

I hereby release you, your organization, or others, from any liability or damage, which may result from furnishing the information requested.

inted (Permit Applicant's Name)	
Signature <i>(Permit Applicant)</i>	 Date



ARREST HISTORY

(Pursuant to Santa Barbara Municipal Code, Chapter 5.28)

If you have had any arrests, list all of them. Give the date (approximate), place (City and State), and the reason for the arrest.

Failure to list all arrests may result in a denial of your application.

Date	Place (City and State)	Reason (Violation)
Are you cui	rently on parole?	
Are you cui	rently required to register pursuan	t to Section 290 of the Penal Code?
Signature	below indicates the applican	t understands that if any information requested
on this fo	rm is misrepresented. it may	be grounds for denial of this permit application.
		g
Printed (Permit Applicant's Name)	
Signatur	'e (Permit Applicant)	Date



PEDICAB BUSINESS OWNER'S INDEMNITY/ HOLD HARMLESS AGREEMENT

(Pursuant to Santa Barbara Municipal Code, Chapter 5.28)

Owner, by acceptance of the permit to operate a taxicab or paratransit business, does agree to hereby indemnify and hold harmless the City of Santa Barbara, its officers, employees and agents from any and all damages, claims, liabilities, costs, suits or other expense resulting from and arising out of said permit holder's operations.

In witness thereof, this Indemnity and Hold Harmless Agreement is execute				
this	day of	, 2002.		
Owner's Permit Holder (0	Company Name)			
Owner's Name				
Owner's Signature				
Title				

TO: INSURERS

Certificate of Insurance <u>and</u> this signed letter must be faxed by the Insurer to the City of Santa Barbara to fax number (805) 897-2420.

Original Certificate of Insurance and original signed letter must be mailed to:

Santa Barbara Police Department Attn: Tricia Knight 215 E. Figueroa St. Santa Barbara, CA 93101

prior to a pedicab owner's permit being issued.

In order to operate a pedicab business in the City of Santa Barbara, a completed Certificate of Insurance must be on file with the Santa Barbara Police Department. The following are the <u>minimum</u> requirements for the Certificate of Insurance as allowed by the City of Santa Barbara:

- 1. Name and address of insured doing business as (DBA).
- 2. Location of the operations insured: within the City of Santa Barbara.
- 3. Description of operations: paratransit service operations.
- 4. Description of vehicles covered (provide a list).
- 5. General Liability coverage of two hundred and fifty thousand dollars (\$250,000.00) bodily injury and property damage each person, each occurrence.
- 6. City of Santa Barbara, its officers, employees and agents are named as additional insured.
- 7. Policies will not be canceled, limited, or changed without (30) days written notice to the City of Santa Barbara.
- 8. Coverage afforded the City shall apply as Primary and not Excess to any insurance issued in the name of the City of Santa Barbara.
- 9. Blanket or Scheduled Contractual Liability sufficiently broad to cover liability assumed in the permit. (SBMC 5.28.330: A decal holder and operator shall, and by acceptance of the permit does, agree to hereby indemnify and hold the City of Santa Barbara, its officers, employees and agents from any and all damages, claims, liabilities, costs, suits, or other expense resulting from and arising out of said decal holder's or operator's operations.).
- 10. Policy includes Severability of Interest clause, or equivalent wording, stating that coverage applies separately to each named or additional insured as if separate policies had been issued to each.

11.	Insurer must be admitted by the State of California, Best's rating of B+ or better, and the agency and the a California. The City reserves the right to reject an insure	gent must be licensed by the	ne State of
12.	Authorized signature may be the agent's if agent has agreement with the insurer. If insurance is brokered, an official of the insurer.		
	signing this letter I/we agree that all of the foregoing co the insurer and the agency.	nditions have been met and	l accepted
E	xecuted in Santa Barbara, California or	, California.	
(Ir	nsurer's authorized signature)	Date	-
(Ir	nsurer's printed name and title)		
In	surance Company Name		-
In	surance Company Address		_

NOTICE TO INSURERS AND PEDICAB SERVICE OPERATORS:

In order to operate any paratransit service in the City of Santa Barbara, a completed Certificate of Insurance must be on file with the Santa Barbara Police Department, Attn: Aimee Salazar, 215 E. Figueroa St., Santa Barbara, CA 93102. Complete the following Certificate of Insurance. If your insurance company uses a different form, that form must contain, as a minimum, the requirements listed below.

his certifies to the City of Santa Barbara th	nat the following described p	olicies have been issued to:			
Name of Insured:	p.				
Address:					
Location of operations insured:	within the City of Santa Bar	bara.			
Description of operations: Pedic	eab Operations.				
Description of vehicles covered:					
POLICIES	LIM	IITS	POLICY	EXPI	RATION
AND INSURERS	Bodily Injury	Property Damage	NUMBER	D	ATE
General Liability	Each Person	Each Occurrence			
☐ Comprehensive ☐ Commercial	Each Occurrence				
(Insurer)	\$250,000.00	Combined Single Limit			
Automobile Liability	Each	Each			
\square Owned \square Hired \square Non Owned	Person Each	Accident			
	Occurrence	Combined			
(Insurer)	\$250,000.00	Single Limit			
The following coverage or conditions	are in effect: General Lial	bility Automobile Liabilit	ty□	Yes	No
City of Santa Barbara, its Officers, I	Employees, and Agents Name	ed as Additional Insured.			
2. Policies will not be Canceled, Limit	ed, or Changed without 30 D	ays Written Notice to the Fina	ince Department,		
Licenses and Permits, P.O. Box 199 3. Coverage afforded the City shall app			e name of the City.		
4. Blanket or Scheduled Contractual L	iability sufficiently broad to	cover liability assumed in the	permit. (SBMC 5.29.290:		
An owner's permit holder shall, and Santa Barbara, its officers, employed					
expense resulting from and arising of	out of said permit holder's op	erations.)			
Policy includes a Severability of Interaction and Policy includes a Severability of Interaction and In			e applies separately to		
ate:					
	(Authorized Signate	ure)			
	(Date)				
:	Company and Addre	ess)			
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INSURER MUST BE ADMITTED BY THE STATE OF CALIFORNIA, DEPARTMENT OF INSURANCE, OR HAVE A BEST'S RATING OF B+ OR BETTER. THE CITY RESERVES THE RIGHT TO REJECT AN INSURER.



CITY OF SANTA BARBARA PEDICAB INSPECTION REPORT

			Date	
				
	Model		Year	
CVC/SBMC			DATE	
#	CHECKED	RECOMMENDED REPAIRS	CORRECTED	
5.28.140				
5 00 440				
5.28.140				
21201				
21201				
21201				
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5.28.250				
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5.28.340				
		are in ((at the items inspected) safe) unsafe operating condition. e Signature	
	CVC/SBMC # 5.28.140 5.28.140 21201 21201 21201 21201 5.28.250 5.28.340 5.28.140	# CVC/SBMC CHECKED 5.28.140 5.28.140 21201 21201 21201 21201 5.28.250 5.28.340 5.28.140 5.28.140	CVC/SBMC	

Date